

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  This is a Report of a Follow-up Complaint Investigation conducted by Greg Cates, Billy Bryant, and Chris Sluder on August 4, 2015.  The following deficiencies were cited and will require a Plan of Correction.  Note: Findings from the Follow-up Biennial Survey that was conducted at the same time are listed on a separate Statement of Deficiencies.	{C 000}		
{C 132}	Bathrooms-Must Provide Privacy  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains;  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the residents are provided privacy when bathing.  Findings include:  a- The corridor door to the shower room across from Room 117 does not close completely and latch/ lock, allowing someone to walk in on a resident while bathing.  Findings from August 4, 2015:	{C 132}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 132}	Continued From page 1  No change.	{C 132}		
{C 137}	Bathrooms-Nonskid Strips in Showers  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (12) Nonskid surfacing or strips shall be installed in showers and bath areas; and  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to install and maintain a non-skid surface in the showers.  Findings from June 16/17, 2015 include:  a- All of the showers in the facility are equipped with a painted (peeling) floor surface that is smooth and slippery.  Findings from August 4, 2015:  No change.	{C 137}		
{C 148}	Corridors-Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;  This Rule is not met as evidenced by:	{C 148}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 148}	Continued From page 2  1- Based on observations, the facility has failed to ensure that the handrails are in place and secure.  Findings from June 16/17, 2015 include:  a- The handrail between resident rooms 101 and 102 has been removed.  Findings from August 4, 2015:  No change.	{C 148}		
{C 155}	Floors-Non-skid, in Good Repair  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the floors clean and repaired.  Findings from August 4, 2015 include:  c- The Living Room carpet has numerous, large stains. d- In several resident room doorways, the rubber transition strip is loose or missing, creating a tripping hazard.	{C 155}		
{C 160}	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT	{C 160}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 160}	<p>Continued From page 3</p> <p>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:</p> <p>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, the exterior of the facility is not being maintained in a clean and safe manner.</p> <p>Findings from June 16/17, 2015 include:</p> <p>a- The paint on the windows, fascia, and soffits, is peeling, so that bare wood is exposed increasing the possibility of rotting to occur.</p> <p>b- There is a large pile of brush stacked beside the wooden fence of the smoking area.</p> <p>c- A large tree trunk is lying on the ground of the front yard.</p> <p>e- At the back of the facility at the concrete patio with the picnic table, the concrete has cracked and settled leaving an approximately 1-inch difference in elevation.</p> <p>f- The grass around the facility does not appear to have been cut in several weeks.</p> <p>Findings on August 4, 2015 include:</p> <p>Although the large portion of the grass has been cut, no trimming had been done and the areas around and extending approximately 1 foot from the building are approximately 18-24 inches high.</p> <p>g- The South EXIT door which is located at the smoking area is not equipped with a lockset that allows re-entry from the exterior of the building.</p>	{C 160}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 164}	Continued From page 4	{C 164}		
{C 164}	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the furniture clean and in good repair.</p> <p>Findings from June 16/17, 2015 include:</p> <p>a- The upholstered chair in the Living Room is stained and has tears in the fabric.</p> <p>Finidngs from August 4, 2015 include:</p> <p>a- a sheet has been draped over the chair to cover the stains. b- The back of the faux leather chair in the Living Room is coming off. c- Many of the wood dressers in the Resident Rooms are missing at least one knob on the drawers, and often there are no knobs on a drawer, making the drawer difficult to open. d- Many of the wood dressers and night stands in the Resident Rooms are severely discolored, stained on the tops, or broken. e- The wood finished on the Dining Room tables has been rubbed away and the bare wood is now exposed. g- There is a broken cabinet/side-table in the</p>	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 164}	<p>Continued From page 5</p> <p>Living Room.</p> <p>2- Based on observations, the facility has failed to maintain the walls in good repair.</p> <p>Findings from August 4, 2015 include:</p> <p>a- The doors and door frames throughout the facility are badly scarred and the paint has been rubbed off, exposing the bare materials that in some cases have begun to rust.</p> <p>b- In the bathrooms, the paint is peeling on the walls and in some locations items have been removed from the wall leaving a damaged surface but the wall has not been repainted.</p> <p>c- The water heater enclosures in the bathrooms are damaged and in need of repair.</p> <p>e- The community bathrooms' shower walls have some broken tiles and in some cases, some of the tiles are missing.</p> <p>3- Based on observations, the facility has failed to provide proper window coverings for privacy in the resident rooms.</p> <p>Findings include:</p> <p>a- In most resident bedrooms, the window coverings consist of a thin window shear that is easily see-through from the outside.</p> <p>b- Several of the curtain rods in the resident rooms have no center support and therefore are bowed in the center.</p> <p>Findings from August 4, 2015 include:</p> <p>No change.</p>	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 166}	Continued From page 6	{C 166}		
{C 166}	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observation, the facility has failed to maintain the building in a safe and operating manner.  Findings from August 4, 2015 include:  a- The North EXIT door sticks and requires extra force to open. d- The bathroom door located in Room 112 has no hardware. e- The fire extinguishers have not been marked for their monthly inspection. f- The fire extinguisher located in the Power Panel Room has not been inspected since 2012.  New deficiency findings from August 4, 2015 include:  1- At least two exterior windows of resident rooms are broken out with jagged glass still in the frames. Rooms include but are not limited to: 1- Room 124 2- Room 125  2- At the main entrance to the facility, there is large, active wasp nest in the peak of the eave.	{C 166}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 174}	Continued From page 7	{C 174}		
{C 174}	<p>Bedroom Furnishings-Table, Mirror, Chairs</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to provide resident rooms with the required furniture for the number of residents.</p> <p>Findings from June 16/17, 2015 include:</p> <p>a- Nearly all resident rooms lacked a sufficient quantity of arm chairs for the number of residents in the room. Locations of specific examples include but are not limited to:</p> <p>1- Room 125- No chair 2- Room 124- No chair 3- Room 119 (2 Residents) - No chair 4- Room 131 (2 Residents) - No chair 5- Room 132- No chair</p>	{C 174}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 174}	Continued From page 8  6- Room 105 (2 Residents) - 1 chair 7- Room 114- No chair  Findings from August 4, 2015 include:  2- Room 124 (2 Residents) now has 1 rocker chair. All other rooms, no change.  b- Most of the resident beds have not been provided with a bedside lamp or light near the bed.  Findings from August 4, 2015 include:  No change.	{C 174}		
{C 177}	Living Room Furnishings  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (c) The living room shall have functional living room furnishings for the comfort of aged and disabled persons, with coverings that are easily cleanable. (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to provide adequate furnishings for the comfort of the residents.  Findings from June 16/17, 2015 include:  a- There is limited comfortable seating provided, with only 3 upholstered chairs and 5 bar-stools to be used for seating.	{C 177}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 177}	Continued From page 9  Findings from August 4, 2015 include:  a- (2) Two wood arm chairs have been added.	{C 177}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the mechanical systems are maintained in an operating condition. This deficiency may affect all residents, staff, and visitors in the facility by allowing extended discomfort, heat related injuries/ illness, or death due to extended exposure to extreme temperatures.  Findings from June 16/17, 2015 include:  a- There are four (4) HVAC units for the building and three (3) of the units, HVAC 1, HVAC 3, and HVAC 4 were not functioning with the temperature in the facility ranging from 81° F in the Dining Room and corridor and between 81° F and 95° F in the resident rooms. All thirty (31) resident rooms were maintaining a constant temperature in excess of 80° F with no air circulation and only a six (6) resident rooms were	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 189}	<p>Continued From page 10</p> <p>equipped with fans and three (3) rooms with window air conditioning units. Based on interviews with the HVAC contractor and staff, HVAC #3 and HVAC #4 had not functioned for more than thirty (30) days while HVAC #1 had not operated since the weekend. Note: During the follow-up visit on June 17, 2015, HVAC Unit #1 was repaired however HVAC Units #3 and #4 remained inoperable.</p> <p>Findings from August 4, 2015 include:</p> <p>No change.</p> <p>2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating. These deficiencies may affect all residents, staff, and visitors in the facility by allowing the possibility of allowing fire to spread into the attic.</p> <p>Findings from June 16/17, 2015 include:</p> <p>a- The fusible link on the radiation damper located in the supply vent of the Soda Vending Room has been sprung and the damper propped open with wooden paint paddles.</p> <p>Findings from August 4, 2015 include:</p> <p>No change.</p> <p>3- Based on observations, the facility failed to ensure that the plumbing systems are in a safe and operating condition. This deficiency may affect all residents, staff, and visitors by allowing contaminated water to siphon back into the drinking water system.</p> <p>Findings from June 16/17, 2015 include:</p>	{C 189}			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	<p>Continued From page 11</p> <p>a- The hair-washing sink in the bathroom across from the Med Room is not equipped with an anti-siphon device to prevent brown water from possibly siphoning back into the water supply.</p> <p>Findings from August 4, 2015 include:</p> <p>No change.</p> <p>4- Based on observations, the facility failed to ensure that the plumbing systems are in an operating condition.</p> <p>Findings from June 16/17, 2015 include:</p> <p>a- The sink in the bathroom next to Room 133 has no running cold water.</p> <p>b- In both of the Soiled Utility Rooms, the ceramic bed-pan washing basin is cracked/ broken and not able to hold water or flush, preventing their intended use of cleaning soiled linens.</p> <p>Findings from August 4, 2015 include:</p> <p>In the Utility Room opposite the MEd Room, a plastic utility sink has been added to the room.</p> <p>New deficiency findings from August 4, 2015 include:</p> <p>a- The Shower/Tub Room across from Room 117 is closed and a handwritten sign is posted on the door stating "DO NOT USE SHOWER". The tub drain is clogged and approximately 6-inches of dirty water is backed up into the tub.</p> <p>b- The Med Room door will not close completely and latch as the door handle has been removed.</p> <p>c- The door to the Beauty Shop/ Tub Room opposite the Med Room will not close completely</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 12  and latch as the door handle is broken.	{C 189}		
{C 194}	A/C or Fans  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (c) Air conditioning or at least one fan per resident bedroom and living and dining areas shall be provided when the temperature in the main center corridor exceeds 80 degrees F (26.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, interviews, and testing procedures, the facility failed to maintain the temperature in the facility at or below 80 degress Fahrenheit or provide fans.  Findings from June 16/17, 2015 include:  a- Interviews with the HVAC contractors at the time of the survey revealed that HVAC Unit #3 had not funtioned for at least 30 days and HVAC Unit #4 had not functioned for more than 30 days and HVAC Unit #1 stopped working over the weekend of June 13/14, 2015.  Findings from August 4, 2015 include:  The A/C units appear to be in the same state of disrepair as last seen by the surveyors on June 17, 2015. Units 3 and 4 are not functioning.  Findings from June 16/17, 2015 include:	{C 194}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 194}	<p>Continued From page 13</p> <p>b- On June 16, 2015 at 11:30 AM, the following conditions existed:</p> <ul style="list-style-type: none"> <li>1- Six (6) Resident Rooms were equipped with a fan.</li> <li>2-Six (6) Resident rooms were equipped with window air conditioning units (or were in the one section of the building with air conditioning).</li> <li>3- Nineteen (19) Resident rooms had no equipment to circulate air.</li> <li>4- Sixteen (16) Resident rooms were noted as experiencing temperatures between 82 degrees Fahrenheit and 88 degrees Fahrenheit</li> <li>5- Ten (10) Resident rooms were noted as experiencing temperatures between 90 degrees Fahrenheit and 96.8 degrees Fahrenheit.</li> <li>6- The temperatures in the common spaces were as follows:</li> </ul> <p>Living Room: 84 degrees Fahrenheit (Avg) Dining Room: 82 degrees Fahrenheit (Avg) Corridor (N): 85 degrees Fahrenheit (Avg) Corridor (S): 84 degrees Fahrenheit (Avg)</p> <p>Findings on August 4, 2015 include:</p> <p>There are currently only 3 residents being housed in the facility with two of the residents housed in the wings being cooled by HVAC Units 1 and 2. The 3rd resident is housed in the wing where no cooling is located. The room window was open and it was very warm however, interview with staff noted that the resident did not want to move to the wing where cooling was available.</p> <p>Findings from June 16/17, 2015 include:</p>	{C 194}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 194}	Continued From page 14  c- On June 17, 2015 at 12:00 PM, the following conditions existed: 1- HVAC Unit #1 was brought on-line (HVAC Units #3 and #4 remained off) 2- Ten (10) Resident Rooms were equipped with a fan 3- Twelve (12) Resident Rooms were equipped with window air conditioning units (or were in the one section of the building with air conditioning) 4- Three (3) Resident Rooms were not equipped with a fan or air conditioning. 5-Eighteen (18) Resident rooms were noted as experiencing temperatures between 80 degrees Fahrenheit and 85 degrees Fahrenheit 6- The temperatures in the common spaces were as follows:  Living Room: 80 degrees Fahrenheit Dining Room: 80 degrees Fahrenheit Corridor (N Hall): 83 degrees Fahrenheit Corridor (S Hall): 82 degrees Fahrenheit  Findings from August 4, 2015 include:  There are currently only 3 residents being housed in the facility with two of the residents housed in the wings being cooled by HVAC Units 1 and 2. The 3rd resident is housed in the wing where no cooling is located. The room window was open and it was very warm however, interview with staff noted that the resident did not want to move to the wing where cooling was available.	{C 194}		
C 195	Hot Water System  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 195		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 195	Continued From page 15  REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: New finding from August 4, 2015:  1- Based on testing of the water temperature the facility has failed to maintain the hot water at a safe temperature. This would affect all residents who may use the sink or shower in the bathroom.  a- In the South Wing Bathroom adjacent to Room 114, the water temperature when tested was 126 degrees Fahrenheit.	C 195		
{C 199}	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room;	{C 199}		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL035027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESSEX MANOR ASSISTED LIVING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>844 HIGHWAY 39 S.</b> <b>LOUISBURG, NC 27549</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 199}	Continued From page 16  (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the exhaust fans in the bathrooms are maintained in an operating condition.  Findings from June 16/17, 2015 include:  a- The mechanical exhaust fan located in the bathroom beside Room 144 is not operating.  Findings from August 4, 2015 include:  No change	{C 199}		